



State of Washington
Military Department
Emergency Management Division
Flood Mitigation Assistance (FMA) program
Sub-Applicant Pre-Application

This form will be used to screen potential sub-applicant projects/plans for eligibility **prior** to providing information on eGrants access.

1. Jurisdiction: _____

2. Applicant Agent: _____
(Individual that will be granted eGrants access)

3. Address: _____

4. Telephone #: _____

5. Email: _____

6. Project/Plan Description: _____

(Use additional sheets if necessary)

7. Estimated Costs: _____

8. Estimated Benefits: _____

9. Current/Past Mitigation Grants: _____

10. For Project Grants – The date your Hazard Mitigation (DMA2K) Plan, or Flood Mitigation Assistance (FMA) plan was approved by FEMA: _____.

11. Is your community currently participating “and in good standing”
in the National Flood Insurance Program (NFIP)? Yes_____ No_____
(Documentation from the Department of Ecology will be required
with the application)

12. Is your community currently compliant with the State’s Growth
Management Act (GMA) [planning and/or CAOs]? Yes_____ No_____
(Certification from CTED will be required with the application)